

PLEASE READ CAREFULLY

Applications must be returned in person or by e-mail.
No faxed applications will be accepted.

City Hall HR Department
100 N Main Street
Wildwood, FL 34785
mtuck@wildwood-fl.gov

All positions require an application.
Additional information such as a resume can be added but will not replace an application

If you have any questions, please call 352-330-1340.

Thank-you,

Date Received:
Logged:
Copied:

Application for Employment CITY OF WILDWOOD, FLORIDA

Equal access to employment, services, and programs is available to all persons. Applicants requiring accommodation for the application and/or interview process should contact Human Resources. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital, or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. EQUAL OPPORTUNITY EMPLOYER. PRE-EMPLOYMENT DRUG SCREEN MAY BE REQUIRED. An "at will" employer.

PLEASE PRINT LEGIBLY

Position(s) applied for _____ Date of Application _____

Referred By: ☐ Advertisement ☐ Employee ☐ Relative ☐ Government Employment Agency
☐ Private Employment Agency ☐ Walk in ☐ Other _____

Name _____			
Last		First	Middle
Physical Address _____			
Street	City	State	Zip Code
Mailing Address _____			
If different from above		City	State Zip Code
Telephone Number _____		Best Time to Call, If necessary _____	
Fax Number _____		E-Mail Address _____	
Do you have a current Florida Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No			
Length of time at the above address _____. If less than 10 years, please list every physical address for the past 10 years			
Address _____			
Street	City	State	Zip Code
Address _____			
Street	City	State	Zip Code
Address _____			
Street	City	State	Zip Code
Address _____			
Street	City	State	Zip Code

May we contact you at work ☐ Yes ☐ No If Yes, Work Number _____

Can you furnish a work permit, if under 18 ☐ Yes ☐ No Have you ever been bonded? ☐ Yes ☐ No

Have you filed an application here before? ☐ Yes ☐ No If Yes, Give Date _____

Have you ever been employed here before? ☐ Yes ☐ No If Yes, Give Dates: From _____ to _____

Are you on layoff, subject to recall? ☐ Yes ☐ No Are you legally eligible for employment ☐ Yes ☐ No
(Proof of US Citizenship or immigration status will be required upon employment)

Will you relocate if job requires it: ☐ Yes ☐ No Will you travel if job requires it? ☐ Yes ☐ No

Will you work overtime, if required? ☐ Yes ☐ No Are you able to meet the attendance requirements of the position? ☐ Yes ☐ No

Date available for work _____ ☐ Full time ☐ Part time ☐ Shift Work ☐ Temporary

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List all traffic citations you have received in the past ten years.

Date*	County/State	Charge	Disposition

*exact date of the citation is not required

EDUCATION

HIGH SCHOOL NAME: _____

LOCATION: _____ Course of Study: _____
 DIPLOMA or GED ATTAINED? ☐ Yes ☐ No YEARS COMPLETED: 9TH 10TH 11TH 12TH

COLLEGE/UNIVERSITY NAME: _____

LOCATION: _____ Course of Study: _____
 DIPLOMA OR DEGREE ATTAINED? ☐ Yes ☐ No YEARS COMPLETED: 1 2 3 4

Type of Degree Received: _____

ON-LINE and/or TRADE/VOCATIONAL School Name: _____

LOCATION: _____ Course of Study: _____
 DIPLOMA OR DEGREE ATTAINED? ☐ Yes ☐ No YEARS COMPLETED: 1 2 3 4

Type of Degree Received: _____

JOB RELATED CERTIFICATE/LICENSE PROGRAMS COMPLETED (Provide copies of certificates/licenses): _____

OTHER SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience, along with any additional information you feel may be helpful to us in considering your application. (Be specific) _____

DESCRIBE ANY HONORS YOU HAVE RECEIVED: _____

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD:(you may exclude memberships which would reveal sex, race, religion national origin, age ancestry, or handicap or other protected status) _____

INDICATE ANY LANGUAGES OTHER THAN ENGLISH YOU CAN SPEAK, READ OR WRITE:

<u>LANGUAGE</u>	<u>SPEAK</u>			<u>READ</u>			<u>WRITE</u>		
_____	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
_____	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
_____	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
_____	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair

REFERENCES

Three references who are NOT RELATED to you and are NOT PREVIOUS EMPLOYERS.

1.	Name	Address/City/Zip	OR	Phone number	Fax	E-mail
2.	Name	Address/City/Zip	OR	Phone number	Fax	E-mail
3.	Name	Address/City/Zip	OR	Phone number	Fax	E-mail

EMPLOYMENT EXPERIENCE

Start with your **PRESENT OR MOST RECENT**. Include any job-related military service assignments. Provide a minimum of last six Employers OR the past 12 years of Employment experience. PLEASE PROVIDE DETAILED INFORMATION.

- EMPLOYER** _____

company name address phone number

fax number E-mail address

Your job title: _____ Dates Employed From: _____ to _____

Your immediate supervisor: _____ Contact Person _____

Reason for leaving _____

Pay rate/salary: Starting _____ Final _____ WORK PERFORMED: _____
- EMPLOYER** _____

company name address phone number

fax number E-mail address

Your job title: _____ Dates Employed From: _____ to _____

Your immediate supervisor: _____ Contact Person _____

Reason for leaving _____

Pay rate/salary: Starting _____ Final _____ WORK PERFORMED: _____
- EMPLOYER** _____

company name address phone number

fax number E-mail address

Your job title: _____ Dates Employed From: _____ to _____

4. EMPLOYER _____

_____	_____	_____
company name	address	phone number

_____	_____
fax number	E-mail address

Your job title: _____ Dates Employed From: _____ to _____

Your immediate supervisor: _____ Contact Person _____

Reason for leaving _____

Pay rate/salary: Starting _____ Final _____ WORK PERFORMED: _____

5. EMPLOYER _____
company name address phone number

_____ fax number E-mail address

Your job title: _____ Dates Employed From: _____ to _____

Your immediate supervisor: _____ Contact Person _____

Reason for leaving _____

Pay rate/salary: Starting _____ Final _____ WORK PERFORMED: _____

6. EMPLOYER _____

company name	address	phone number
_____	_____	_____
fax number	E-mail address	
_____	_____	

Your job title: _____ Dates Employed From: _____ to _____

Your immediate supervisor: _____ Contact Person _____

Reason for leaving _____

Pay rate/salary: Starting _____ Final _____ WORK PERFORMED: _____

Are you claiming Veteran's Preference? ☐ Yes ☐ No

Are you ABLE to perform the duties of the job for which you are applying? ☐ Yes ☐ No

APPLICATION MUST BE COMPLETELY FILLED OUT. RESUMES MAY BE ATTACHED, BUT ARE NOT ACCEPTED IN

PLACE OF THE APPLICATION. UPON RECEIPT, ALL APPLICATIONS BECOME PUBLIC RECORD UNDER THE PUBLIC RECORD LAW OF THE STATE OF FLORIDA.

THE CITY OF WILDWOOD IS A DRUG -FREE EMPLOYER. A PRE-EMPLOYMENT DRUG SCREEN MAY BE REQUIRED. A PRE-EMPLOYMENT PHYSICAL IS REQUIRED. RESULTS COULD DENY AN OFFER OF EMPLOYMENT.

I hereby certify that the information I have provided is true and correct. I understand that any fraudulent information provided would negate employment or consideration for employment with the City of Wildwood, Florida.

Applicant's Signature

Date

Return to:
**HUMAN RESOURCES
CITY OF WILDWOOD
100 NORTH MAIN STREET
WILDWOOD, FLORIDA 34785
352-330-1330 x105**

Required upon submission of Application:

- ☒ COPY OF any OPERATOR LICENSES and/or CERTIFICATIONS (relevant to position applying for)
- ☒ MILITARY DISCHARGE (DD214), if applicable

Required upon Conditional Offer of Employment:

- ☒ VALID FLORIDA DRIVER'S LICENSE
- ☒ COPY OF HIGH SCHOOL DIPLOMA OR GED
- ☒ COPY of any HIGHER EDUCATION DIPLOMA and/or DEGREE
- ☒ SOCIAL SECURITY CARD
- ☒ DOCUMENTATION OF LEGAL NAME CHANGE, i.e. Marriage license/adoption papers, if applicable
- ☒ POST-OFFER MEDICAL HISTORY QUESTIONNAIRE
- ☒ PRE-EMPLOYMENT PHYSICAL
- ☒ BACKGROUND INVESTIGATION

Florida Retirement System (FRS) - Certification Form

This form is not an offer of employment or an enrollment form. If hired, a Retirement Choice kit may be mailed to your home with enrollment instructions.

Name _____ SSN (last 4 digits) _____

Agency Name _____

Previous or Current FRS Employer _____

**Complete Section I if you have never been a member of a State of Florida administered retirement plan.
Complete Section II if you are a current or previous member AND Section III if not retired OR Section IV if retired.**

I. I have **never** been a member of a State of Florida administered retirement plan.

STOP HERE

SIGNATURE _____

DATE _____

II. I was or currently am a member of the following State of Florida administered retirement plan (**also complete Section III or IV**)¹

- ☐ FRS Pension Plan (incl. DROP) ☐ FRS Investment Plan ☐ State University System Optional Retirement Program (SUSORP)
☐ State Community College System Optional Retirement Program (SCCSORP) ☐ Senior Management Service Optional Annuity Program (SMSOAP)
☐ Other _____

III. I am **not retired** from any State of Florida administered retirement plan. I understand that if it is later determined that I was a retiree and was reemployed during the first 6 calendar months after I retired or after my DROP termination date, or at any time during the 7th through the 12th calendar months after I retired or after my DROP termination date, I **must repay** all unauthorized benefits received (see Section IV for details), or, if in the Investment Plan, terminate my employment. **My employer may also be liable for repaying any unauthorized benefits I received.**

SIGNATURE _____

DATE _____

IV. I am **retired** from a State of Florida administered retirement plan. My FRS Pension Plan retirement effective date, DROP termination date, or date I received my first distribution from the FRS Investment Plan, SUSORP, SCCSORP, SMSOAP, or other plan was _____.

Effective July 1, 2017, retirees of the Investment Plan, SUSORP, SCCSORP, and SMSOAP are eligible for renewed membership in the Investment Plan, SUSORP, or SCCSORP.

I understand that as a Pension Plan retiree:

- a. If I am employed by an FRS-participating employer in **any type of position**² during the **first 6 calendar months** after I retired or after my DROP termination date, my retirement and DROP status are voided, all retirement and DROP benefits I received **must be repaid**,³ and I must reapply for retirement in order to receive future benefits.
- b. If I am reemployed by an FRS-participating employer at any time during the 7th through the 12th calendar months after I retired or after my DROP termination date, my monthly retirement benefit must be suspended⁴ and any unauthorized benefits received must be repaid.³ **My employer may also be liable for repaying any unauthorized benefits I received.**

I understand that as an Investment Plan, SUSORP, SCCSORP, or SMSOAP retiree:

- a. If I am employed by an FRS-participating employer in **any type of position**² during the **first 6 calendar months** after I retired, I **must repay**³ any benefits received or terminate employment for an additional period to satisfy the 6 calendar month termination requirement.
- b. If I am reemployed by an FRS-participating employer at any time during the 7th through the 12th calendar months after my retirement, I will not be eligible for additional distributions until I terminate employment or complete 12 calendar months of retirement.⁴

SIGNATURE _____

DATE _____

Retiree Definition

You are considered retired if:

1. You have received any benefits under the FRS Pension Plan, including DROP (does not include a withdrawal of employee contributions), or
2. You have taken any distribution (including a roll-over) from the FRS Investment Plan, or other state administered retirement programs offered by state universities (SUSORP), state community colleges (SCCSORP), state government for senior managers (SMSOAP), or local governments for senior managers.

¹If you are not retired and earned FRS service after certain periods in 2002 (depending on your employer), you must rejoin the FRS retirement plan you were enrolled in when you terminated FRS-participating employment. You may have a one-time 2nd Election to switch FRS retirement plans. Also, alternative retirement programs are available to certain employees. Contact your employer for deadline and other information.

²Positions include OPS, temporary, seasonal, substitute teachers, adjunct professors, part-time, full-time, regularly established, etc.

³Florida law requires a return of all unauthorized Pension Plan benefit payments or Investment Plan distributions received by a member who has violated the FRS termination or reemployment provisions. Similar provisions apply to unauthorized SUSORP, SCCSORP, or other state-administered plan distributions – contact that plan's administrator for details.

⁴There is one exception to the restrictions on reemployment limitations after retirement. If you are a retired law enforcement officer, you may only be reemployed as a school resource officer by an FRS-covered employer during the 7th through 12th calendar months after your retirement date or after your DROP termination date and receive both your salary and retirement benefits.

AA/EEO SURVEY

DATE _____

I hereby authorize the City Of Wildwood to use the following information to assist the City in identifying and tracking City Employment trends, **FOR THE PURPOSE OF PROVIDING AFFIRMATIVE ACTION/EQUAL EMPLOYMENT OPPORTUNITIES AND PROVIDE AA/EEO INFORMATION TO STATE AND FEDERAL AGENCIES.** This information is provided voluntarily and I understand that **ALL RESPONSES ARE CONFIDENTIAL** and responses will not be used in evaluation of potential employees.

POSITION APPLIED FOR: _____ LAST NAME _____

SECTION I

1. MALE FEMALE OTHER
2. How did you hear about the position you are applying for? (Circle all that apply)
 Website Friend Newspaper Bulletin Board Church Club/Organization
 School Job Services Other _____
3. AGE GROUP: Less than 18 years _____ 18 to 44 years _____ 45 to 65 years _____ 65+ _____
4. RACE: White* Black* Hispanic Pacific Islander Native American Other _____

(* Not of Hispanic origin)

SECTION II

Would you apply for any of the following jobs if they were available?

YES	NO		IF NO, WHY (Insert letter from Criteria list below which best describes the reason you would not apply for the job)
_____	_____	Clerk-typist	_____
_____	_____	Secretary	_____
_____	_____	Dispatcher	_____
_____	_____	Records Manager/File Clerk	_____
_____	_____	Payables/Payroll Clerk	_____
_____	_____	Street Department, Maintenance Person	_____
_____	_____	Fleet Services/Mechanic	_____
_____	_____	Water Meter Reader	_____
_____	_____	Water Maintenance Person	_____
_____	_____	Water/Wastewater Plant Operator	_____
_____	_____	Wastewater Lift Station Maintenance Person	_____
_____	_____	Heavy Equipment Operator	_____
_____	_____	Police Officer	_____
_____	_____	Planner	_____
_____	_____	Planning & Zoning Technician	_____
_____	_____	Parks & Recreation Maintenance Person	_____

CRITERIA

- | | |
|-------------------------------------|---|
| a) Lack of Training/Skills required | g) I consider this a traditional male job |
| b) Wages too Low | h) I consider this a traditional female job |
| c) Physical limitations | i) Other (Please describe - may be continued on back) |
| d) Peer pressure, opinion of others | _____ |
| e) Religion | _____ |
| f) Don't like the work | _____ |